An Olympic Issue

As we invite the Olympic Games into our lives and our homes through the Internet, the radio and television is a good time to reflect on the extent to which the athleticism of the Australian team represents the average Australian. Back in 1956 when the Olympic Games were held in Melbourne the average Australian was leaner and fitter and spent more of their average day undertaking physical activity as part of their daily life. This is no longer the case.

It has recently been estimated that physical inactivity:

- contributes directly to approximately 10 per cent of premature deaths globally;
- is responsible for more premature deaths than smoking.

World health guidelines suggest that moderate physical activity for at least 150 minutes per week is required for good health. This is achieved by less than one third of the global population according to a recent survey of adults from 122 countries and adolescents from 105 countries¹. It has been estimated that approximately only one in five adolescents between the ages of 13 and 15 years undertake at least one hour of moderate to vigorous exercise per week.

We often talk about the obesity epidemic. However in a recent article published in the medical journal The Lancet, the contribution of physical inactivity to the burden of disease has been estimated to be in the order of 4 per cent for low income countries, 8 per cent for lower-middle income countries, 10 per cent for upper-middle income countries, and 11 per cent for high income countries.

Advances in communication and transportation have substantially contributed to the decline in incidental activity for adults and children such as walking to work or school, physical activity in the workplace and play for children. Frequently inactivity is beyond the control of the individual and dictated by socio-economic circumstances and cultural norms. Hence the need for government, commercial entities and schools to partner in creating an environment that supports physical activity in everyday life.

Known benefits of physical activity:

- Strengthens and maintains muscle and bone;
- Heart and lung fitness;
- Healthy metabolism;
- Maintenance of a healthy body weight; and
- Better general well-being.
Known risks of physical inactivity:

- High blood pressure, heart disease and stroke;
- Diabetes;
- Dementia;
- Cancer – notably breast uterine and colon cancer;
- Falls and fractures;
- Premature death.

The message is to reflect on how active are you? Consider how you can increase your activity by building physical tasks into your daily life such as taking every opportunity to walk, using the stairs and finding recreational activities that are sufficiently enjoyable that you will do these on a regular basis. And think about your children and grandchildren and how much exercise they are getting on a daily basis.

And while thinking about exercise also think about your sleep

Sleep is as important for good health as regular exercise. Everyone knows how horrible one can feel after a bad night’s sleep but ongoing poor sleep patterns affect long term health. Sleep disorders are associated with cognitive decline. Disorders can include untreated obstructive sleep apnoea, sleep deprivation and excessive daytime sleepiness. Obstructive sleep apnoea is repeated pauses in briefing during sleep due to an obstruction of the airway. During these pauses the amount of oxygen getting to the brain is diminished. Obstructive sleep apnoea is often accompanied by snoring, but this is not always the case. The affected person is often not aware of the problem although a common symptom is daytime sleepiness. Obstructive sleep apnoea may be intermittent, occurring after drinking alcohol or a result of having an upper airway viral infection, or it may be a chronic problem. It is associated with high blood pressure, obesity and diabetes. So if you are having trouble sleeping, or mostly wake unrefreshed and experience daytime sleepiness you should speak to your doctor about this.


Get involved in research

Antidepressants ruining your sex drive?

Sexual difficulties, such as loss of sexual desire, inability to become aroused or achieve orgasm, are established side-effects of anti-depressant therapy. To date there has been no treatment available for women with loss of libido or low arousal due to anti-depressants. Studies have shown that testosterone therapy can improve libido in women not taking antidepressants.

In this study we will evaluate whether testosterone treatment (given by a skin patch) is effective in improving sexual interest, arousal and orgasm among women taking anti depressants known as “Selective Serotonin Reuptake Inhibitor (SSRIs)” or “Selective Noradrenalin Reuptake Inhibitors (SNRIs)” medications.

Your participation will involve three visits to the Alfred Centre in Prahran [Melbourne]. You will be randomly allocated to be treated with either a testosterone patch or a placebo patch and will be monitored for three months.

You may be able to participate in this study if you:

- are a woman aged between 35-55 years;
- have been taking a stable dose of one of SSRIs (sertraline, citalopram, paroxetine, fluoxetine or fluvoxamine) or SNRIs (venlafaxine) for the past three months;
- are experiencing sexual difficulties and for which you would like to be treated.

If you would like more information, regarding this and other studies please visit our website womenshealth.med.monash.edu or contact the Women’s Health Research Program on 03 9903 0820 or by email on womens.health@monash.edu